

2263

## PLACE OF BIRTH

County of Pima  
 District of San Carlos  
 Town of \_\_\_\_\_  
 or \_\_\_\_\_  
 City of \_\_\_\_\_

## ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

460 State Index No. 353

## ORIGINAL CERTIFICATE OF BIRTH

Co. Registrar No. \_\_\_\_\_

Local Registrar's No. \_\_\_\_\_

(No. \_\_\_\_\_ St; \_\_\_\_\_ Ward)

## FULL NAME OF CHILD \_\_\_\_\_

Born } YES  
 Alive } NO

If child is not named, make Supplemental Report on blank obtainable from local registrar.

Sex of Child male Twin, Triplet or other \_\_\_\_\_ and \_\_\_\_\_ Number in order of birth 1 Legitimate? yes Date of Birth May 6 1915  
 (Month) (Day) (Yr.)

FATHER  
 Full Name Wilson J. Muel  
 Residence San Carlos  
 Color or Race Indian Age at last Birthday 24 (Years)  
 Birthplace Ariz  
 Occupation John

MOTHER  
 Full Maiden Name Ella R. Chumney  
 Residence San Carlos  
 Color or Race Indian Age at last Birthday 20 (Years)  
 Birthplace Ariz  
 Occupation Housewife

Number of child of this mother 2 Number of children, of this mother, now living 1 Were precautions taken against Ophthalmia neonatorum? \_\_\_\_\_

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that ~~attended~~ the birth of above child; ~~attended~~ it occurred on May 6, 1915, at \_\_\_\_\_ M.

\*When there is no attending physician or midwife, then the householder should make this return.

(Signature) M. P. Halliday  
~~attending~~ physician, midwife, householder

Given or christian name added from a

Address San Carlos

supplemental report \_\_\_\_\_ 191\_\_\_\_\_

Filed \_\_\_\_\_ 191\_\_\_\_\_

LOCAL REGISTRAR.

A True Copy

Filed \_\_\_\_\_ 191\_\_\_\_\_

COUNTY REGISTRAR.

COUNTY REGISTRAR.

THIS CERTIFICATE OF BIRTH, AS ISSUED BY THE LOCAL REGISTRAR, SHALL BE VALID FOR FIVE YEARS FROM THE DATE OF BIRTH, UNLESS THE CHILD IS DECEASED OR THE REGISTRAR IS OTHERWISE ADVISED BY THE BUREAU OF VITAL STATISTICS.